



Moraga-Orinda Fire District

Administrative Services

APPLICATION FOR RELEASE OF INCIDENT REPORT

COPY FEE OF \$6.00

Remit Payment To:
Moraga Orinda Fire District
P.O. Box 102974
Pasadena, CA 91189-2974

APPLICANT:

Name: _____

Date of Incident: _____

Address: _____

Location of Incident: _____

City: _____ Zip: _____

Phone: _____

Today's Date: _____

Representing: _____

Note: Medical/Billing Records Request
All requests for medical records are handled by
our biller, Wittman Enterprises. To obtain your
record, please call 800-906-6552 or visit
<https://www.webillems.com/>

APPLICANT IS:

Person Involved Agent of Person Involved Insurance Carrier

Other _____

Signature of Applicant: _____

Date: _____

HOW WOULD YOU LIKE TO RECEIVE THE REPORT?

Pick-up in Person US Mail Email: _____

If choosing to pick up the report in person, you will be contacted when the report is available.

OFFICE USE ONLY:

Name of employee processing this request: _____

Incident No: _____

Date Processed: _____